REMARKS

Newly-presented claim limitations are supported by the original disclosure sufficiently for understanding by persons of ordinary skill in the field, and in conformance with M.P.E.P. §§714.02; 2163.06, as follows:

Claim 1:

--inserting a rigid endoscopic cannula having a transparent tip at a distal end thereof;

advancing the tip of said endoscopic cannula through tissue to the pericardium under endoscopic visualization through the tip--

Support is set forth, for example, in Figures 7A-7D and at page 5, line 18 to 27.

Claim 2:

--comprising the steps for:--

Supported as acceptable claims language under 35 U.S.C. §112, ¶6.

Claim 6:

--laterally expanding a passage through tissue from the subxiphoid incision--

Supported, for example, by Figures 8A, 8B, 9B-9D and page 12, lines 27-30 and page 15, lines 9-21.

Claim 7:

--an entry instrument through the at least one access port of the rigid endoscopic cannula--

Supported, for example, by Figures 11A-11C and page 20, line 29 to page 21, line 16.

Claim 23:

--opening is formed at a location near the apex of the heart.--

Supported, for example, by Figure 10E and page 24 lines 12-24.

Claim 24:

--the rigid endoscopic cannula is advanced during step (f) to a location at the anterior region of the heart and is then swept throughout regions including the posterior region of the heart.--

Supported, for example, by Figures 11A-11C and page 25, lines 15-30.

Claim 25:

--an entry instrument introduced through the at least one access port of the endoscopic cannula--

Supported, for example, by Figures 8A, 8B, 10E and at page 24, lines 25-32.

Claim 26:

Limitation removed

Claim 27:

--cutting the flap of the pericardium while spaced away from the underlying heart.--

Supported, or example, by Figures 4, 5, 6A, 6B, 10E and page 24, lines 14-17.

Claim 34:

--a rigid endoscopic cannula having a laterally expandable sheath overlying the endoscopic cannula--

--inserting the rigid endoscopic cannula--

--advancing the endoscopic cannula through tissue toward the pericardium--

--laterally expanding the sheath responsive to passing the endoscopic cannula through the expandable sheath to form a working cavity in dilated tissue--

Supported, for example, by Figures 8A, 8B, 9A-9D, and page 23, lines 14 to page 24, line 11.

Claim 35:

--laterally expanding the sheath responsive to withdrawing the endoscopic cannula from the sheath in a direction toward the proximal end thereof.--

Supported, for example, by Figures 8A, 8B, 9B, 9C and page 22, lines 9-14.

Claim 36:

The method of claim 34 further comprising the step for:

--dilating the working cavity to larger lateral dimensions than the endoscopic cannula responsive to insertion into the expandable sheath--

Supported, for example, by Figures 8A, 8B, 9D and page 22, line 31 to page 23, line 1.

Claim 37:

--inserting into a proximate end of the expandable sheath a surgical tool for performing a cardiac procedure in which the surgical tool has a maximal lateral dimension greater than a maximal lateral dimension of the expandable sheath overlying the endoscopic cannula;

advancing the surgical tool within the expandable sheath toward a distal end thereof to laterally expand the expandable sheath--

Supported, for example, by Figures 8A, 8B, 9B, 9D and page 23, line 31 to page 24, line 11.

It is submitted that the above Remarks specifically point out the support in the original disclosure for each newly-presented claim limitation with sufficient particularity to conform to the provisions of M.P.E.P. §§714.02 and 2163.06.

Reconsideration and favorable action are solicited.

Respectfully submitted,
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